

Department of Executive Services Records, Elections and Licensing Services Division **Animal Services and Programs Section**

For staff use:	
Kennel #	Tag #

King County Animal Control

Adoption Application

Pet ownership is a serious responsibility! The policy of King County Animal Control is to ensure that each person who adopts a pet is aware of, and willing to accept that responsibility. The questions on this form are designed to help our staff make sure that there is a good match with the animal.

Name		Home Phor	пе		
Address	Work Phone	Cell Phone			
City	State	Zip			
Mailing Address (if different)					
Driver's License #					
Employer/Occupation and Wo	ork Phone #				
Spouse Employer/Occupation	and Phone #				_
Name of reference/relative/fri	end and Phone #				-
Type of animal desired: (chec	k one or more): Cat	Kitten Dog	Puppy	Other:	
1. Why do you want to adop	t an animal?				
2. Have you ever adopted fro	m our shelter? No	Yes: When?		Dog	Ca
3. Are you 18 years of age or	older? Yes No				
4. Do you live in: Apartm	ent Condo Hous	e Other			
5. Do you: Own Rent/	Lease: Property Owner/M	gr. name & phone nur	mber		
 NOTE: if you rent or lea from your landlord for a p 					sion
6. Do you live with: Parents	Spouse/Partner R	oommate(s) Alone	Other		
7. How long have you lived a	t this address?				
8. Are you planning to move	within the next 6 months?	Yes No			
9. You are adopting this pet f	or: Yourself Child	I/Children Other_			
10. Who will be primarily resp	onsible for the care and s	upervision of the anim	nal?		
11. Are there children living a	home or visiting frequent	tly? No Yes			
 If Yes, what are the ages 	of the children:				

12. Do any of	your household	d membe	ers have	e allergies to anima	als? No Yes	s	
Please de	scribe:						
13. What will I	nappen to this	pet if you	ı have t	o move unexpecte	dly?		
14. How many	/ hours during	an avera	.ge worl	kday will your pet s	pend <u>without</u> a hu	uman?	
15. What will I	nappen to this	pet when	ı you gc	on vacation, or if	you have an eme	rgency?	
16. Do you ha	ve a regular ve	eterinaria	.n? N	No Yes: Clinic/	Vet Name		
17. List the pe	ets you have ha	ad in the I	last 5 y	ears. Include curre	ent pets and those	e you no longer own.	
Dog / Cat	Breed	Age	Sex	Spayed/Neutered? (Yes or No)	How long did you own the pet?	If you no longer have, what happened to the pet?	
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•	• •			ly Outside Only itten? No Ye		Don't Know	
20. Where wil	I this pet be ke	pt during	the da	y?	Night? _		
When you	are not home	?					
21. Do you ha	ive a fenced ya	ırd? No) Y	es			
If Yes, ple	ase describe:	Fully fe	enced	Partially fenced	Height N	Material	
22. Will you al	llow our repres	entative f	to see t	the animal at your I	home? Yes	No	
•	•			•		aving puppies or kittens)?	
Yes No	Why or wh	າy not? _		· · · · · · · · · · · · · · · · · · ·			
24. Do you ha				s?			
				· · · · · · · · · · · · · · · · · · ·			
	completing the roperty of King				oleted/signed Ador	ption Application will	
ownership. T	his means tha	at I agree	e to pro		with humane trea	state laws regarding pet atment and will prevent	
I certify that the information in this application is true, and understand that false information may result in denying or nullifying this adoption.							
Signed				Print Name	,	Date	

Note: adoption fees are due at the time of your appointment. (We can accept cash or check only.)